

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

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Office Use Only CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

ADDRESS (number and street)

1164 W HOSPITALITY LANE SUITE 113



Check if different
than previously
reported. (ACC)

SAN BERNARDINO CA 92408-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00418392

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☒ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c)

12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

in the
State of

State

(d)

30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the
State of

State

5. Covering Period

MM / DD / YYYY
1 / 1 / 2014

through

MM / DD / YYYY
12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Deborah R Hagar

Signature of Treasurer

Deborah R Hagar

Date

MM / DD / YYYY
01 / 06 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

MM / DD / YYYY
1.1 / 25 / 2014

To:

MM / DD / YYYY
1.2 / 3.1 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<div>2014</div>	<div>99.11</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>69.11</div>	
(c) Total Receipts (from Line 19)	<div>0</div>	<div>0</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>0</div>	<div>0</div>
7. Total Disbursements (from Line 31)	<div>0</div>	<div>30.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>69.11</div>	<div>69.11</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>5000.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

1/1/2014

To:

1/1/2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other
Than Political Committees
(i) Itemized (use Schedule A).....

- (ii) Unitemized
(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

- (b) Political Party Committees
(c) Other Political Committees
(such as PACs).....
(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	3,000
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	3,000
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	3,000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	3,000

DETAILED SUMMARY PAGE of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	<div></div>	<div></div>
34. Total Contribution Refunds (from Line 28(d))	<div></div>	<div></div>
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	<div></div>	<div></div>
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	<div></div>	<div></div>
37. Offsets to Operating Expenditures (from Line 15, page 3).....	<div></div>	<div></div>
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	<div></div>	<div></div>

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 6
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

LOAN SOURCE Full Name (Last, First, Middle Initial)

HAGAR, DEBORAH R

Mailing Address

164 W HOSPITALITY LANE, SUITE 1B

City SAN BERNARDINO State CA ZIP Code 92408

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

ADVOCACY

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5,000.00

0.

5,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

01

2008

12

31

2015

0 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

5,000.00

TOTALS This Period (last page in this line only)

5,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



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COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

21st Century Resources
YOUR ADMINISTRATIVE EMPLOYER
1048 Commerce Center E • San Bernardino, CA 92408
164 W Hospitality Lane, 15
San Bernardino, CA 92408

FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC 20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER

1/15/15
DATE PREPARED